

SAFE SLEEPING POLICY

AIM

The aim of this policy is to create a safe, positive and relaxed atmosphere and environment for children to be assisted to sleep or rest when they attend Forbes Children's Centre. This policy outlines the procedure for ensuring safe sleeping of children utilising the Centre's childcare and preschool services.

IMPLEMENTATION

Time is set aside each day to provide the opportunity, and a suitable environment, for children to sleep. By having unhurried routine times, educators aim to make sleep time a happy, comfortable occasion. To assist educators, children's sleeping arrangements will be based on information obtained from families about children's needs and routines to keep this as consistent and home like as possible whilst still maintaining safety.

Team Leaders will:

- Ensure educators working within the rooms are aware of and work in accordance with policy.
- Work sensitively with parents to ensure they are aware of SIDS safe sleeping requirements and the obligations of staff to follow these guidelines. Team Leaders will work with families and educators to put an interim sleep plan in place for medical reasons or to support the transitions to SIDS safe sleep routines for a child that is not used to SIDS safe sleep routines at home.

Educators will:

- Meet individual children's sleep/rest needs as required throughout the day.
- Plan quiet experiences available during this time for children who do not require sleep.
- Create an environment that allows for children to unwind and relax, encourage children to sleep following their routines from home and according to staff's assessment of their needs.
- Use information provided by families and negotiate sleep plans where home routines or cultural preferences contradict SIDS and Kids/Red Nose recommendations.
- Discuss safe sleeping practices with the family and the requirement to comply with the departments health support planning policies and procedures, acknowledging the family's values, beliefs and concerns (including the challenges associated with introducing a new sleep routine). In circumstances where a family may not understand the risks associated with sleeping environments, educators should discuss referring the family to other services for further advice and support to provide a safe sleep environment.
- Determine the length of sleep based on each child's individual needs, cultural preferences and information from and discussion with families.
- Use the department's Culturally Responsive Framework to ensure that cultural protocols are followed for Aboriginal and Torres Strait Islander children.
- Gain information about each child's needs from families through verbal discussion, communication books/sheets and daily feedback sheets, putting interim sleep plans or risk assessments in place for individual children as needed where risks are identified.
- Ensure lighting in sleeping areas is appropriate for comfort and safety of children and staff.
- Ensure children are dressed appropriately for the room temperature, ensuring they are comfortably warm but not hot e.g. remove all beanies and hats for sleeping. Note: there is no specific room temperature recommended for safe sleep and rest.
- When completing sleep checks for children, a designated person is required to wear a form of identification and complete these checks, signing off on the chart each time. If the designated person needs to leave the room for any reason, they must handover the responsibility and identification to someone else.
- In the Baby room, sleep checks are completed every 10 minutes and recorded on the sleep chart by the designated supervisor.

- In the Toddler and Kindy rooms, check on sleeping children every 15 minutes and recorded on the sleep chart by the designated supervisor.
- Ensure when children are sleeping an educator is close to the room at all times (within ear shot).
- When educators check children, they should be close enough to assess if children are breathing normally, can see the colour of child's face and lips. Educators should also check the child's positioning and ensure their face/head is not covered.
- In the Toddler and Preschool rooms, children will be given the space and opportunity to sleep or rest while at the Centre. Generally, this is offered after lunch.
- Remove necklaces and loose clothing.
- Complete online SIDS training annually (babies room).

As per SUDI Safe Sleeping Practices, educators will:

- Place children on their backs to sleep.
- Position children so that their feet are as close as practicable to the base of the cot.
- Arrange bedclothes of children under 12 months so that their head can't slide under clothing or get trapped against the top of the cot. Sheets and blankets will be firmly tucked in.
- Ensure only infants of 7 months of age or older sleep with a soft toy or comforter. Comforters will not be long enough to wrap around the child's neck. Soft toys should be small.
- Remove any necklaces from children before sleeping. Any bracelets or anklets will be removed if they have components that may detach and cause a choking hazard. Any items of clothing with potential to present a choking hazard (i.e. hoodies, tops with cords etc.) shall be removed prior to sleeping.
- Purchase cots and bedding compliant with Australian Standards and best practice recommendations.
- Monitor the use of pillows for sleep time and encourage children to sleep without them.
- Discontinue wrapping children who can roll over independently as per Red Nose recommendations.
- Ensure infants who are able to roll over, sleep with their arms and hands free from restriction.
- Ensure that children have sufficient clothing and blankets to avoid overheating or becoming cold while sleeping.
- Ensure children's heads are left uncovered, free of blankets, hats, cords, jewelry etc.
- Ensure dummies used by children to sleep are examined for loose beads or decorative items that could present a choking hazard.
- Ensure only purpose designed dummy chains or attachments (maximum length of 220mm and impact resistant with no choking hazards) are used to attach dummies to items of clothing and **are removed before sleep.**
- Ensure infants and children are not placed in prams, baby capsules or rockers unless discussed with Leadership. This may be needed where a child is unable to sleep in a cot or bed due to distress or current sleeping habits. In these circumstances, the child will be strapped in using a five point harness and clearly visible to staff at all times (i.e. no coverings). An interim sleep plan will need to be written and enacted to support the child in being able to work towards sleeping in a bed or cot. This plan will be signed by both the child's parent and the Director/Assistant Director. The Centre may require the sleep plan to be signed off by a medical professional before implementing on-site.
- Ensure children under 18 months who sleep on stretchers have a sleep plan in place and have adequate supervision.
- Ensure children have their bottle before sleep time if they require one.
- Keep the Centre a smoke-free environment. Staff who smoke and work directly with children are required to wear an item of clothing as an outer layer while smoking that is removed upon returning to the Centre to work with children. Before re-commencing work, educators should remove the smell of smoke from their person as much as possible (e.g. washing their hands, drinking water etc.).
- Provide each child with their own bedding and this will be stripped and stored in a pillow case after each use unless the child attends on consecutive days. Bedding is washed weekly. Beds/mattresses are sanitised once stripped. In the event of an outbreak of an infectious disease e.g. gastro, employees will strip bedding of children affected and sanitise.

- Where family requests, child's needs or cultural preferences of the family contradict SIDS and Kids recommendations, an interim sleep plan and health support plan will be put in place. This will be negotiated with educators, leadership, the family and if needed, a medical professional.

Leadership will:

- Provide advice and support to Team Leaders regarding implementation with their staff team.
- Complete a sleep and rest risk assessment is conducted at least once every 12 months, and as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children during sleep and rest (regulation 84C(1))
- After conducting a risk assessment, any necessary updates must be made to services' policies and procedures for sleep and rest (regulation 84C(3)), and a record of each risk assessment must be kept (regulation 84C(4)).
- Ensure required audits are conducted regularly.
- Ensure this policy and associated information is made available at induction.
- Ensure completion of 6 monthly mattress check as per business manager based on safety recommendations.
- Continue to review this policy regularly and ensure it reflects current best practice.
- Inform parents prior to placement of their child about this policy and provide support to the parents in regard to possible changing sleep habits prior to commencing a placement at the Centre to support the child's transition.
- Inform families that the service is required to follow recommended safe sleeping practices due to the higher risk of SUDI associated with different practices. Educators may implement a sleep practice that deviates from recommended practices only if requested by the family due to medically indicated reasons. In such cases, the department's health support planning policies and procedures must be followed, which involves obtaining a health care plan authorised by a medical practitioner that clearly outlines the safest sleep practices to be implemented for the child. In all other situations, if a family requests a practice that differs from this procedure, educators must discuss safe sleeping practices with the family and the requirement to comply with this procedure, acknowledging the family's values, beliefs and concerns (including the challenges associated with introducing a new sleep routine). In circumstances where a family may not understand the risks associated with sleeping environments, educators should discuss referring the family to other services for further advice and support to provide a safe sleep environment.
- Ensure cots and portable cots meet the Australian mandatory standard for cots (AS/NZS 2172:2003) and the Australian mandatory standard for portable cots (AS/NZS 2195:1999). This includes ensuring that the mattress fits snugly, with less than 20mm of space between the mattress and the cot sides or ends.
- Ensure use of a firm sleep surface that complies with the voluntary standard (AS/NZS 8811.1:2013 methods of testing infant products – sleep surfaces – test for firmness). For information about testing mattress firmness refer to: Red Nose 'what is a safe mattress' (includes a link to a video resource), and Education Standards Board information on 'infant mattress safety'.
- In compliance with the National Regulations, ensure there are no bassinets present at the service.
- Ensure regular training is provided in an ongoing way.

Families will:

- Ensure any dummies that are to be used at sleep time are in good condition, on chains less than 220mm long and have no items that can fall off and present a choking hazard. They must also comply with the mandatory Australian standard AS 2432:2015, have no unsafe decorations and never be tied around an infant's neck.
- Provide appropriate sleep clothing to avoid overheating. Safe sleep bags are preferable for infants under 12 months of age to reduce the need for sheets and blankets. Safe sleeping bags are

constructed in a way that the baby cannot slip inside the bag and become covered. The sleeping bag should be the correct size for the baby with a fitted neck, armholes or sleeves and no hood.

- Inform the service about changes in their child's medical or health status that may indicate a higher level of supervision is required.
- Negotiate a sleep plan with their child's primary caregiver and the Centre Director if their child has a sleep routine that is different to this policy. This involves obtaining a health care plan authorised by a medical practitioner that clearly outlines the safest sleep practices to be implemented for the child.

Gastro-Oesophageal Reflux Disease (GORD)

All babies with GORD will sleep in accordance with this policy as there is no medical evidence to support the idea that elevating babies reduces the symptoms of GORD. In addition, elevation of babies may cause the baby to slide down into the bed into a position that might compromise breathing. Sleep positioners are also not recommended as they present a suffocation risk.

Medical reasons for alternative sleep positioning of infants under 12 months:

If, for a rare medical reason, a baby must be slept in a position other than the back position, a medical practitioner will need to advise the Centre in writing and provide information about other ways to reduce the risk of Sudden Unexpected Death in infants (SUDI). The Director has the right to refuse approval of any alternate sleep positions/arrangements.

EVALUATION:

This policy will be evaluated as effective if:

- Children view sleep time as a happy and relaxed time.
- Educators are clear about families' requests and children's needs.
- Families are consulted about the children's requirements.

Links to National Quality Standards

Quality Area 2: Children's Health and Safety

2.1 Health: Each child's health and physical activity is supported and promoted.

2.1.1 Wellbeing and comfort: Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.

2.2 Safety: Each child is protected.

2.2.1 Supervision: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

Quality Area 3: Physical Environment

3.1 Design: The design of the facilities is appropriate for the operation of a service.

3.1.2 Upkeep: Premises, furniture and equipment are safe, clean and well maintained.

| EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS | |
|---|--|
| Section 165 | Offence to inadequately supervise children |
| Section 167 | Offence relating to protection of children from harm and hazard |
| 82 | Tobacco, drug and alcohol-free environment |
| 84A | Sleep and Rest |
| 84B | Sleep and rest policies and procedures |
| 84C | Risk assessment for purposes of sleep and rest policies and procedures |
| 84D | Prohibition of bassinets |
| 87 | Incident, injury, trauma and illness record |
| 103 | Premises, furniture and equipment to be safe, clean and in good repair |
| 105 | Furniture, materials and equipment |
| 106 | Laundry and hygiene facilities |

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| 107 | Space requirements-indoor space |
| 110 | Ventilation and natural light |
| 115 | Premises designed to facilitate supervision |
| 168 | Education and care service must have policies and procedures |
| 170 | Policies and procedures to be followed |
| 171 | Policies and procedures to be available |
| 172 | Notification of change to policies or procedures |
| 176 | Time to notify certain information to Regulatory Authority |

Related Policies

Administration of First Aid Policy
Enrolment Policy
Work Health and Safety Policy

Child Safe Environment Policy
Emergency and Evacuation Policy
Interactions with Children Policy

Record of Policy Adoption and Amendment:

| Version | Date | Details | Author | Approver |
|---------|---------------|---|------------------------------|-------------------------|
| 1.0 | January 2011 | Policy adopted. | Ocean View Children's Centre | Governing Council |
| 2.0 | June 2012 | Suggested amendments put to Policy Review Committee and adopted, including; <ul style="list-style-type: none"> NSQ regulations and requirements Room specific sleep requirements Parent partnership approach | K Cook | Policy Review Committee |
| 2.1 | February 2014 | Divided into responsibilities SIDS guidelines added | P Murray R Usher | |
| 2.2 | March 2015 | Added room practice | P Murray | Policy Review Committee |
| 2.3 | March 2022 | Updated terminology (reference to Red Nose and change SIDS to SUDI) | P Murray | |
| 2.4 | Feb 2024 | Updated sleep check requirements for all rooms. Included cultural preferences as consideration for sleep plan Adjusted the training requirements for nest staff | N Turnadzic | Policy Review Committee |
| 2.5 | October 2024 | Included updated info from DfE safe sleeping policy: <ul style="list-style-type: none"> Annual risk assessment Cultural protocols for Aboriginal & Torres Strait Islander children Family responsibilities re child health condition | N Turnadzic | |

Safe Sleeping Resources

- SIDS and Kids SA phone 8332 1066, or email education@SIDSSA.org.au
- Red Nose safe sleeping phone 1300 998 698, or email education@RedNose.org.au for safe sleeping enquiries and training opportunities
- Red Nose website, which contains downloadable brochures (in a range of languages) and smart phone applications, and provides the option to subscribe to regular newsletters about safe sleeping and child safety education and ACCC updates
- Kidsafe SA phone 7089 8554
- Child and Family Health Service (which includes resources to assist settling infants).

- Parenting SA Parent Easy Guides
- Aboriginal Community Controlled Health Organisations safe sleeping resources.

The following resources may be used for reviewing sleep practices:

- Queensland Government resources: Sleep, rest, relaxation and the National Quality Standard(PDF 398KB) and Sleep learning for early education professionals
- Safe sleeping resources from Red Nose, SIDS and Kids SA and Kidsafe SA
- South Australian Safe Infant Sleeping Standards (PDF 732KB)
- ACECQA sleep and rest policy and procedure guidelines (PDF 255KB)

Review: To be reviewed at least annually by the Assistant Director and any recommended amendments endorsed by the Policy Review Committee.

Reviewed: October 2024

Next Review: October 2025